FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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_	030	36808 UNLY
	Prefix	Serial
_	DATE RECI	EIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	12050211
Atsana Semiconductor Corp. November 2003 Convertible Debenture Financi	$/$ α α α α
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Atsana Semiconductor Corp.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
18 Antares Drive, Suite 200, Ottawa, ON K2E 1A9 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	(613) 224-9926 Telephone Number (Including Area Code)
(if different from Executive Offices)	(Telephone Number (including Area Code)
Brief Description of Business:	
Fabless semiconductor company developing highly integrated multimedia processor	ors for next generation wireless devices
Type of Business Organization	old for home generation whereas devices
☑ corporation ☐ limited partnership, already formed	
	er (please specify): PROCESSE
business trust limited partnership, to be formed	
Month Year	NOV 12 2003
Actual or Estimated Date of Incorporation or Organization: $0 + 6$ $9 + 9$	☑ Actual ☐ Estimated NUV I ~ Zulus
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	
CN for Canada; FN for other foreign jurisdiction)	CIN FINANCIAL
GENERAL INSTRUCTIONS	=
Fodoval.	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received	
it was mailed by United States registered or certified mail to that address.	, 30 to 11.10
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually	signed. Any copies not manually signed must be photocopies
of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only report	
information requested in Part C, and any material changes from the information previously supplied in Parts	A and B. Part E and the Appendix need not be filed with the
SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales	of acquaities in these states that have adopted LILOE and that
have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrate	
state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amou	The state of the s
appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice a	nd must be completed.
ATTENTION	

SEC 1972 (6-02)

exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such



		A. BASIC IDENTIF	TICATION DATA		
2. Enter the information re	quested for the f	ollowing:			
• Each promoter of the	he issuer, if the is	ssuer has been organized	within the past five years	s;	
_	ner having the po	_			or more of a class of equity
 Each executive offi and 	icer and director	of corporate issuers and o	of corporate general and i	managing partn	ers of partnership issuers;
• Each general and n	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	,				
Primaxis Technology		1.04	0 1.)		
Business or Residence Addr			Code)		
1 Richmond Street, 8th Check Box(es) that Apply:	Promoter	Beneficial Owner ⊠	☐ Executive Officer	☐ Director	☐ General and/or
Check Box(cs) that rippry.		M Delicileitai Owiter	Executive Officer	Director	Managing Partner
Full Name (Last name first,	,				
Stata Venture Partner		104 07 07 7	<u>~ 1)</u>		
Business or Residence Addr 2 Alcott Way, Medfied			Code)		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business Development					
Business or Residence Addr			Code)		
55 Metcalfe, Suite 1400 Check Box(es) that Apply:	U, Ottawa, ON I	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
check box(es) that Apply.		☐ Belieficial Owlief	☐ Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, Hughes, Harold	•				<u> </u>
Business or Residence Addr	•		Code)		
13535 Country Way, I Check Box(es) that Apply:			☐ Executive Officer	N Director	☐ General and/or
Full Name (Last name first,		☐ Beneficial Owner		☑ Director	Managing Partner
Golden, Kerri	ii iiidividuai)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
404-1500 Grazia Cour					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Seguin, Rene		10	2 1)		
Business or Residence Addr c/o BDC 55 Metcalfe, S	Suite 1400, Otta	wa, ON K1P 6L5			
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Leupp, Alex					
Business or Residence Addr	•		Code)		
530 Santa Rosa Drive, Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or
Full Name (Last name first,	if individual)				Managing Partner
Baletsa, Greg					
Business or Residence Addr	•		Code)		
1100-100 Lowder Brod	ok Dr., Westwoo	od MA 02090			

Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Krause, Michael					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
c/o Atsana Semicondu	ctor Corp., 18 A	Antares Drite, Suite 200	Ottawa, ON K2E 1A9)	
	(Use blank shee	t, or copy and use addition	onal copies of this sheet,	as necessary.)	

B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	5 Yes	No ⊠ 5,000 □
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	5 Yes	5,000 No
 What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the 	Yes	No
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the 	Yes	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the		
any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the		
the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the		
are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Traine of Associated Broker of Beater		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	— . 11 0.	
(Check "All States" or check individual States)		
	[HI]	[ID]
	[MS] [OR]	[MO] [PA]
	[WY]	[PR]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	. 🗌 All St	
	[HI]	[ID]
	[MS] [OR]	[MO] [PA]
	[WY]	[PR]
Full Name (Last name first, if individual)		[]
, (,,,		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	. 🗆 All St	
	[HI]	[DI]
	[MS]	[MO]
	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCI	EEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate offering Price	Am	ount Already Sold
	Debt	\$	\$	
	Equity			
	☐ Common ☐ Preferred	\$	\$	
	Convertible Securities (including warrants)	2,500,000	\$	685,000
	Partnership Interests	<u> </u>	s ⁻	
	Other (Specify)	<u> </u>	\$ -	
	Total	2,500,000	\$ -	685,000
	Answer also in Appendix, Column 3, if filing under ULOE.		_	· .
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors	•	ollar Amount of Purchases
	Accredited Investors	8	\$	685,000
	Non-accredited Investors		\$	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering	Type of	Ι	Dollar Amount
		Security		Sold
	Rule 505		- \$	
	Regulation A		_ \$	
	Rule 504		_ \$	
	Total		_ \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees] \$	
	Printing and Engraving Costs		\$	
	Legal Fees	×	3	25,000
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)] \$	
	Other Expenses (identify)] \$	

25,000

 \boxtimes

\$

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES	S AND	USE OF PRO	CEEDS	
	b. Enter the difference between the aggr	regate offering price given in response to Part response to Part C - Question 4.a. This difference	C -		\$	2,475,000
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed ne amount for any purpose is not known, furn e estimate. The total of the payments listed must forth in response to Part C - Question 4.b above	ish an equal			
	, ,	•		Payments to		
				Officers, Directors &	Da	yments To
				Affiliates	14	Others
	Salaries and fees			\$	□ \$	
	Purchase of real estate			\$	□ \$	
	Purchase, rental or leasing and inst	allation of machinery and equipment		\$	\$	
	Construction or leasing of plant bu	ildings and facilities		\$	□ \$	
		ncluding the value of securities involved in a exchange for the assets or securities of				
	another issuer pursuant to a merger	·)		\$	🗆 \$	
	Repayment of indebtedness			\$	\$	
	Working capital			\$	□ \$	2,475,000
	Other (specify):			\$	\$	
	Column Totals			\$	⊠\$	2,475,000
	Total Payments Listed (column tot	als added)	\boxtimes	\$	2,475,00	0
		D. FEDERAL SIGNATURE				
the	following signature constitutes an under tten request of its staff, the information	e signed by the undersigned duly authorized ertaking by the issuer to furnish to the U.S furnished by the issuer to any non-accredite	S. Secur	ities and Exch	ange Comn	nission, upon
Issu	er (Print or Type)	Signature	·. <u>.</u>	Date	·····	
Atsa	na Semiconductor Corp.	VY. Citto		Novem	ber 6, 2003	
	e of Signer (Print or Type)	Title of Signer (Print or Type)				
Dav	id Little	Secretary				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently provisions of such rule?	subject to any of the disqualification	Yes □	No ⊠
	See Apper	dix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish Form D (17 CFR 239.500) at such times as required	to any state administrator of any state in which this notice is by state law.	s filed, a not	tice on
3.	The undersigned issuer hereby undertakes to furnish issuer to offerees.	to the state administrators, upon written request, information	n furnished	by the
4.		amiliar with the conditions that must be satisfied to be entited in which this notice is filed and understands that the isolishing that these conditions have been satisfied.		
	e issuer has read this notification and knows the cont dersigned duly authorized person.	ents to be true and has duly caused this notice to be signed of	n its behalf	by the
Issi	uer (Print or Type)	gnature Date		
	sana Semiconductor Corp.	tle (Print or Type)	oer 6, 2003	· · · · · · · · · · · · · · · · · · ·

Instruction:

David Little

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	7	2	3			4		5	, I
	non-ac	to sell to ceredited is in State (-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN					<u></u>				
IA									
KS									
KY									
LA									
ME									
MD									
MA		X	Convertible subordinated debentures	1	\$190,000	0	0		
MI									
MN									1
MS									
МО									
MT									
NE									
NV				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
NH									

APPENDIX

1	2	2	3			4		5	3		
	non-ac	to sell to credited is in State l-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NJ											
NM											
NY		x	Convertible subordinated debentures	1	\$65,000	0	0				
NC											
ND											
ОН	}										
ОК											
OR											
PA								,			
RI											
SC											
SD											
TN											
TX											
UT											
VT											
VA	ļ										
WA											
WV											
WI											
WY											
PR									1		

Note: Six accredited investors located outside of the United States purchased debentures in the amount of \$430,000.

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